

SERFF Tracking Number:	CRUM-125715955	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:			
TOI:	09.0 Inland Marine	Sub-TOI:	09.0004 Pet Insurance Plans
Product Name:	AR-PET END-USF		
Project Name/Number:	/		

Filing at a Glance

Company: United States Fire Insurance Company

Product Name: AR-PET END-USF

SERFF Tr Num: CRUM-125715955 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 09.0004 Pet Insurance Plans

Co Tr Num:

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Vera Harwell, Debbie

Disposition Date: 07/07/2008

Deluccia, Howard DeBare, George

French

Date Submitted: 07/01/2008

Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/07/2008

State Status Changed: 07/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

These rates are being filed on a File & Use basis, per AR General Instructions

RE: UNITED STATES FIRE INSURANCE COMPANY

NAIC No: 0158-21113 13-5459190

SERFF Tracking Number: CRUM-125715955 State: Arkansas
Filing Company: United States Fire Insurance Company State Tracking Number: EFT \$100
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

Pet Insurance Amendatory Endorsement PI-FM-08

Policy Forms: See List attached

We are attaching copies of the above referenced form for your approval.

The endorsement is to be used with our Pet Insurance Program that was approved by your Department on 12/06/06, Serff Tracking #CMPL-125042482, State Tracking Number AR-PC-06-022195.

Bracketed items are variable. This optional endorsement will be included or excluded, depending upon the desires of the individual purchasing the pet insurance plan.

The form is new and does not replace any form currently on file with your Department.

Should you require any further information, or have any questions, please feel free to contact me. Your review and approval of this form is appreciated.

Company and Contact

Filing Contact Information

Vera Harwell, Compliance Manager
5 Christopher Way
Eatontown, NJ 07724

vharwell@fairmontspecialty.com
(732) 918-6713 [Phone]
(732) 918-4755[FAX]

Filing Company Information

United States Fire Insurance Company
305 MADISON AVENUE
MORRISTOWN, NJ 07962
(973) 490-6476 ext. [Phone]

CoCode: 21113
Group Code: 158
Group Name:
FEIN Number: 13-5459190

State of Domicile: Delaware
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes

<i>SERFF Tracking Number:</i>	<i>CRUM-125715955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0004 Pet Insurance Plans</i>
<i>Product Name:</i>	<i>AR-PET END-USF</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Fee Amount:	\$100.00		
Retaliatory?	No		
Fee Explanation:	\$100.00 per rate filing		
Per Company:	No		

SERFF Tracking Number: CRUM-125715955 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$100.00	07/01/2008	21202719

SERFF Tracking Number:	CRUM-125715955	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:			
TOI:	09.0 Inland Marine	Sub-TOI:	09.0004 Pet Insurance Plans
Product Name:	AR-PET END-USF		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	07/07/2008	07/07/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	07/02/2008	07/02/2008	Vera Harwell	07/03/2008	07/03/2008

SERFF Tracking Number: *CRUM-125715955* *State:* *Arkansas*
Filing Company: *United States Fire Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number:
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0004 Pet Insurance Plans*
Product Name: *AR-PET END-USF*
Project Name/Number: */*

Disposition

Disposition Date: 07/07/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Arkansas Code Annotated §23- 67-211(a)(1) requires every authorized insurer to file with the Commissioner all rates and supplementary rate information and all changes and amendments made by it for use in this State at least twenty (20) days before they become effective. Your filing was completed on the date above and cannot be effective for 20 days after that date.

Rate data does NOT apply to filing.

SERFF Tracking Number: CRUM-125715955 State: Arkansas

Filing Company: United States Fire Insurance Company State Tracking Number: EFT \$100

Company Tracking Number:

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: AR-PET END-USF

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	P&C Rate Transmittal	Filed	Yes
Rate	Act Memo	Filed	Yes
Rate	Amendatory Endorsement	Filed	Yes

SERFF Tracking Number: CRUM-125715955 State: Arkansas
Filing Company: United States Fire Insurance Company State Tracking Number: EFT \$100
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/02/2008
Submitted Date 07/02/2008

Respond By Date

Dear Vera Harwell,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Provide the actual rate and rule manual page.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/03/2008
Submitted Date 07/03/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Good morning,

Please see the attached as requested. Thank you.

Sincerely,

Eveanne Wood

SERFF Tracking Number: CRUM-125715955 State: Arkansas
Filing Company: United States Fire Insurance Company State Tracking Number: EFT \$100
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

Related Objection 1

Comment:

Provide the actual rate and rule manual page.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Amendatory Endorsement	Rule #1, Page # 1	New	

Sincerely,

Debbie Deluccia, George French, Howard DeBare, Vera Harwell

<i>SERFF Tracking Number:</i>	<i>CRUM-125715955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0004 Pet Insurance Plans</i>
<i>Product Name:</i>	<i>AR-PET END-USF</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CRUM-125715955	State:	Arkansas
Filing Company:	United States Fire Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:			
TOI:	09.0 Inland Marine	Sub-TOI:	09.0004 Pet Insurance Plans
Product Name:	AR-PET END-USF		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Act Memo		New	ACT MEMO PET MANIFESTATION.pdf
Filed	Amendatory Endorsement	Rule #1, Page # 1	New	Rate & Rule Manual Amend END.pdf

United States Fire Insurance Company

ACTUARIAL RATE JUSTIFICATION

Pet Insurance

Amendatory Endorsement #PI-FM-08

1. SCOPE AND PURPOSE

The purpose of this memorandum is to meet the rate filing requirements for the state of filing. United States Fire Insurance Company ("US Fire") is filing a new business pet insurance endorsement effective June 15, 2008. This is a new filing.

2. DESCRIPTION OF BENEFITS

This is a pet insurance program. The optional endorsement benefits are designed to help cover the costs of veterinary care in future plan periods for ailments which first manifest during the current plan period. Benefits may include injury coverage and illness coverage.

Coverage may include deductibles, coinsurance and exclusions.

3. RENEWABILITY CLAUSE

The coverage is conditionally renewable.

4. APPLICABILITY

This is a new filing.

5. MORBIDITY

Cost and utilization rates for this product were based on industry data derived from data from the American Animal Hospital Association (AAHA).

6. MORTALITY

Mortality is not an assumption used in developing the premium rates of this product.

7. EXPENSES

The expenses will not exceed 21% in total. The expenses are comprised of the following component parts.

Broker/Agent Commission/Administrator	up to 13.125%
US Fire issue fee	5.25%
Premium Tax	Applicable State Tax

8. MARKETING METHOD

This product is sold through licensed insurance brokers, agents and third party administrators.

9. UNDERWRITING

Underwriting may be utilized at policy issue.

10. PREMIUM CLASSES

The premium rates may vary based on species, breed, age of pet, geographic location, and coverage options.

11. AREA FACTORS

Premium rates may vary by geographic area.

12. AVERAGE ANNUAL PREMIUM

The expected average annual premium is \$100. The average annual premium will fluctuate based on plan design and premium classes discussed above.

13. PREMIUM MODALIZATION RULES

Premiums are calculated on a monthly mode basis.

14. CLAIM LIABILITY AND RESERVES

This is a new filing and no liabilities have been incurred yet.

15. TREND

This filing contemplates utilizing annual cost and utilization trend of 10% per year to gross premium. The trend data was secured from the American Animal Hospital Association (AAHA). As the program matures, emerging experience will be evaluated to determine actual trend on the portfolio, and applied appropriately.

16. ANTICIPATED LOSS RATIO

The anticipated/target loss ratio is 68%.

17. DISTRIBUTION OF BUSINESS

All business will be new business since this is a new endorsement filing.

18. CONTINGENCY AND RISK MARGINS

Contingency and risk margin minimum contemplated in anticipated/target loss ratio is 11%.

19. EXPERIENCE ON THE FORM

No actual experience is available since this is a new endorsement filing for the Company.

20. LIFETIME LOSS RATIO

Target lifetime loss ratio is 68%.

21. HISTORY OF RATE ADJUSTMENTS

New endorsement – no history is available.

22. NUMBER OF POLICYHOLDERS

No policies in-force.

23. PROPOSED EFFECTIVE DATE

The proposed effective date for these rates is June 15, 2008.

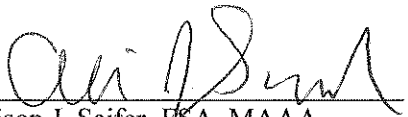
24. CERTIFICATION

As stated above, the purpose of this filing is to demonstrate that this rate filing meets the requirements under this state. This filing is not intended to be used for other purposes.

I, Alison J. Saifer, am a consulting actuary for United States Fire Insurance Company. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries.

This actuarial memorandum has been prepared to accompany the filing of the above certificate with state insurance departments. This actuarial memorandum is not intended for any other purpose.

I certify, to the best of my knowledge and judgment, that based on the above analysis and description of the methodology of how premiums will be calculated, that the benefits provided by the policy are reasonable in relation to the proposed premium.



Alison J. Saifer, FSA, MAAA
Actuarial Management Strategies, Inc.
June 5, 2008

United States Fire Insurance Company

Amendatory Endorsement Monthly Premium Rate Exhibit

PI-FM-08

Effective 6.15.08

Per Incident Maximum Limit	\$ 1,000	\$ 1,500	\$ 2,500
Lifetime Maximum Limit	<u>\$ 2,500</u>	<u>\$ 3,500</u>	<u>\$ 6,000</u>
Dog Metro	\$ 7.54	\$ 8.16	\$ 9.79
Dog Non-Metro	\$ 6.56	\$ 7.09	\$ 8.51
Cat Metro	\$ 5.80	\$ 6.27	\$ 7.53
Cat Non-Metro	\$ 5.05	\$ 5.46	\$ 6.55

United States Fire Insurance Company

Amendatory Endorsement Monthly Premium Rate and Rule Manual

PI-FM-08

Effective 6.15.08

Per Incident Maximum Limit	\$ 1,000	\$ 1,500	\$ 2,500
Lifetime Maximum Limit	\$ 2,500	\$ 3,500	\$ 6,000
Dog Metro	\$ 7.54	\$ 8.16	\$ 9.79
Dog Non-Metro	\$ 6.56	\$ 7.09	\$ 8.51
Cat Metro	\$ 5.80	\$ 6.27	\$ 7.53
Cat Non-Metro	\$ 5.05	\$ 5.46	\$ 6.55

Rules - only available with Base Policy.

<i>SERFF Tracking Number:</i>	<i>CRUM-125715955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0004 Pet Insurance Plans</i>
<i>Product Name:</i>	<i>AR-PET END-USF</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

Satisfied -Name:	P&C Rate Transmittal	Review Status:	
Comments:		Filed	07/07/2008
See Attached			
Attachment:			
P&C Rate Transmittal.pdf			

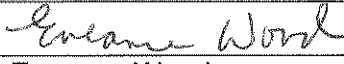
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
United States Fire Insurance Company	DE	21113	13-5459190		

5. Company Tracking Number	CRUM-125715955
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Eveanne Wood	Sr Compliance Analyst	732-918-6712	732-918-4755	ewood@fairmontspecialty.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Eveanne Wood		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine		
10. Sub-Type of Insurance (Sub-TOI)	09.0004 Pet Insurance Plan		
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12. Company Program Title (Marketing title)			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14. Effective Date(s) Requested	New: 7/1/08	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)			
17. Reference Organization # & Title			
18. Company's Date of Filing			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CRUM-125715955
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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RE: UNITED STATES FIRE INSURANCE COMPANY

NAIC No: 0158-21113 13-5459190

Pet Insurance Amendatory Endorsement PI-FM-08

Policy Forms: See List attached

We are attaching copies of the above referenced form for your approval.

The endorsement is to be used with our Pet Insurance Program that was approved by your Department on 12/06/06, Serff Tracking #CMPL-125042482, State Tracking Number AR-PC-06-022195.

Bracketed items are variable. This optional endorsement will be included or excluded, depending upon the desires of the individual purchasing the pet insurance plan.

The form is new and does not replace any form currently on file with your Department.

Should you require any further information, or have any questions, please feel free to contact me. Your review and approval of this form is appreciated.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount: \$100.00 via EFT</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CRUM-125715955
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CRUM-125715954

Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%) ☐

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)							
4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
United States Fire Insurance Company	N/A-New						
4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A-New	
5b	Overall percentage rate impact for this filing	N/A-New	
5c	Effect of Rate Filing – Written premium change for this program	N/A-New	
5d	Effect of Rate Filing – Number of policyholders affected	N/A-New	

6.	Overall percentage of last rate revision	None – new endorsement
7.	Effective Date of last rate revision	None – new endorsement
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A-Act memo included	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	